Penn Products Division Penn Controls, Inc. 1302 East Monroe Street

REPORTING PERIOD FROM

Goshen, Indiana 46526 . 2 - 3" (4-16) ΙN 0000761 001 PERMIT NUMBER DIS SIC LATITUDE LONGITUDE 120-21 (22-23) (24-25)

714 112 01

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YEAR

(28-27) (28-29) (30-31)

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INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".

US EPA RECORDS CENTER REGION 5

2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterists "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.

Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".

Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
 Specify sample type ("grab" or "\_\_ hr. composite") as applicable. If frequency was continuous,

6. Appropriate signature is required on bottom of this form. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

(32-37) PARAMETER		(3 card only) (38-45)	QUANTI	QUANTITY (46-53) (54-61)			(4 card only) (38-45)	CONCENT	RATION (54-61)		(62-63)	FREQUENCY OF	SAMPLE
		MUMINIM	AVERAGE	MAXIMUM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO.	ANALYSIS	TYPE
50050 Flow	REPORTED *		0.096		mgd							1130	_
	PERMIT CONDITION									]			
00530 Solids, Tot. Susp.	REPORTED		1.09		Kgldwy			3	3	mglQ	O	1/30	Comp
	PERMIT CONDITION								15				
00556 Oil & Grease	REPORTED		0.69		Kglday				1.9	mgll	0	1/30	Gr
	PERMIT CONDITION								10				<del>.</del>
00010 Temperature	REPORTED .								17.2	°C		11.30	Gr
	PERMIT CONDITION												
00400 pH	REPORTED		,				7.6		7.6	ρH	0	130	60
	PERMIT CONDITION 						6.0		9.0				
	REPORTED												
	PERMIT										-		
	REPORTED												_
	PERMIT												
	REPORTED												
	PERMIT CONDITION												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this						
Stam Amiarria . Cl A.		Operations Manager			2 22	report and that to the best of my knowledge and belief such information is true, complete, and accurate.					E OF PRINCIPAL		